

<b>APPLICATION FOR FEDERAL ASSISTANCE</b> <b>SF 424 (R&amp;R)</b>	<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>
	<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>4. Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b> <div style="float: right;">* Organizational DUNS:</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div>           * Legal Name:            Department:            * Street 1:            * City:            * Country:         </div> <div>           Division:            Street 2:            County:            * State:            * ZIP Code:         </div> </div>		
Person to be contacted on matters involving this application: Prefix:   * First Name   Middle Name   * Last Name   Suffix:  * Phone Number:   Fax Number:   * Email:		
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b>	<b>7. * TYPE OF APPLICANT:</b> Select Appropriate Applicant Type Code	
<b>8. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	Other (Specify): Small Business Organization Type <input type="checkbox"/> Woman Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (Specify)	<b>9. * NAME OF FEDERAL AGENCY:</b>	
* Is this application being submitted to other agencies?   Yes <input type="checkbox"/> No <input type="checkbox"/> What other Agencies?	<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  Title:	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b>		
<b>13. PROPOSED PROJECT:</b> * Start Date   * Ending Date	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant   b. * Project	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>		
Prefix:   * First Name   Middle Name   * Last Name   Suffix:  <div style="display: flex; justify-content: space-between;"> <div>           Position/Title:            Department:            * Street 1:            * City:            * Country:            * Phone Number         </div> <div>           * Organization Name:            Division:            Street 2:            County:            * State:            * Zip Code:            Fax Number:         </div> <div>           * Email:         </div> </div>		

OMB Number: 4040-001  
Expiration Date: 4/30/2008

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Funds c. * Estimated Program Income	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input type="checkbox"/> THIS PRE-APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE:  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting forms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)  <input type="checkbox"/> * I agree  <small>* The list of certifications and assurances, or an internet site where you may obtain this, is contained in the announcement or agency specific instructions.</small>																																	
<b>19. Authorized Representative</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Prefix: * First Name</td> <td style="width: 20%;">Middle Name</td> <td style="width: 30%;">* Last Name</td> <td style="width: 20%;">Suffix:</td> </tr> <tr> <td colspan="2">* Position Title:</td> <td colspan="2">* Organization:</td> </tr> <tr> <td colspan="2">Department:</td> <td colspan="2">Division:</td> </tr> <tr> <td colspan="2">* Street 1:</td> <td colspan="2">Street 2:</td> </tr> <tr> <td>* City</td> <td>County:</td> <td>State:</td> <td>* Zip Code:</td> </tr> <tr> <td colspan="2">* Country:</td> <td colspan="2"></td> </tr> <tr> <td>* Phone Number:</td> <td>Fax Number:</td> <td colspan="2">* Email:</td> </tr> <tr> <td colspan="2">* Signature of Authorized Representative</td> <td colspan="2">* Date Signed</td> </tr> </table> <div style="border-top: 1px solid black; margin-top: 10px; height: 20px;"></div>		Prefix: * First Name	Middle Name	* Last Name	Suffix:	* Position Title:		* Organization:		Department:		Division:		* Street 1:		Street 2:		* City	County:	State:	* Zip Code:	* Country:				* Phone Number:	Fax Number:	* Email:		* Signature of Authorized Representative		* Date Signed	
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20. Pre-application: If Submitting a Preapplication, Provide Summary Description of Project																																	
21. Additional list of Project Congressional Districts if needed:																																	

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## SF-424 (R&R) INSTRUCTIONS

This standard form is required for use as a cover sheet for submission of pre-applications and applications and related information. Required items are specified in the instructions below. In addition to the instructions provided below, Applicants must consult agency instructions for specific requirements, since some items are required and some are optional at the discretion of the Agency or Applicant.

Item	Entry:	Item	Entry:						
1.	<b>Type of Submission:</b> (Required): Select one type of submission in accordance with Agency instructions. <ul style="list-style-type: none"> <li>• Preapplication</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the Agency, check if this submission is to change or correct a previously submitted application. Unless requested by the Agency, applicants may not use this to submit changes after the closing date.</li> </ul>	7.	<b>Type of Applicant:</b> (Required) Select appropriate applicant type code in accordance with Agency instructions. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; vertical-align: top;"> A. State Government  B. County Government  C. City or Township Government  D. Special District Government  E. Regional Organization  F. U.S. Territory or Possession  G. Independent School District  H. Public/State Controlled Institution of Higher Education  I. Indian/Native American Tribal Government (Federally Recognized)  J. Indian/Native American Tribal Government (Other than Federally Recognized)  K. Indian/Native American Tribally Designated Organization  L. Public/Indian Housing Authority </td> <td style="width: 50%; vertical-align: top;"> M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)  N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)  O. Private Institution of Higher Education  P. Individual  Q. For-Profit Organization (Other than Small Business)  R. Small Business  S. Hispanic-serving Institution  T. Historically Black Colleges and Universities (HBCUs)  U. Tribally Controlled Colleges and Universities (TCCUs)  V. Alaska Native and Native Hawaiian Serving Institutions  W. Non-domestic (non-US) Entity  X. Other (specify) </td> </tr> </table>	A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)				
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2.	<b>Date Submitted:</b> Enter date the application is submitted to the Federal Agency. <ul style="list-style-type: none"> <li>• Applicant Identifier – Optional.</li> </ul>								
3.	<b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable. <ul style="list-style-type: none"> <li>• State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.</li> </ul>								
4.	<b>Federal Identifier:</b> For new applications leave blank. For a continuation, renewal, or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with Agency instructions.								
5.	<b>Applicant Information:</b> Enter the following in accordance with Agency instructions: <ul style="list-style-type: none"> <li>• <b>Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</li> <li>• <b>Legal Name:</b> (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name of the organization that has registered with the Central Contractor Registry.</li> <li>• <b>Department and Division:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable.</li> <li>• <b>Address:</b> (Required) Enter the complete address as follows: Street address (Street 1 required), City (Required), County, State (Required, if country is US), Zip Code (Required, if country is US), and Country.</li> </ul> <p><b>Person to be contacted on matters involving this application:</b> (Required) Enter the name (First and last name required), phone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	8.	<b>Type of Application:</b> (Required) Select one type of application in accordance with Agency instructions. <ul style="list-style-type: none"> <li>• <b>New</b> – An application that is being submitted to an Agency for the first time.</li> <li>• <b>Resubmission</b> – An application that has been previously submitted, but was not funded, and is being resubmitted for new consideration.</li> <li>• <b>Renewal</b> – An application requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as though the applicant is applying for the first time.</li> <li>• <b>Continuation</b> – A non-competing application for an additional funding/budget period within a previously approved project period.</li> <li>• <b>Revision</b> – An application that proposes a change in the Federal Government's financial obligations or contingent liability from an existing obligation; or any other change in the terms and conditions of the existing award.</li> <li>• <b>If a revision, mark the appropriate box(es).</b> More than one may be selected. If "Other" is selected, please specify in text box. <table style="width: 100%; margin-top: 5px;"> <tr> <td>A. Increase Award</td> <td>B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> <tr> <td colspan="2">E. Other (specify)</td> </tr> </table> </li> <li>• <b>Is this application being submitted to other Agencies?:</b> Select "Yes" or "No" and indicate which Agency.</li> </ul>	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	E. Other (specify)	
A. Increase Award	B. Decrease Award								
C. Increase Duration	D. Decrease Duration								
E. Other (specify)									
6.	<b>Employer Identification (EIN) or (TIN):</b> (Required) Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	9.	<b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal Agency from which assistance is being requested with this application.						

10.	<b>Catalog of Federal Domestic Assistance Number/Title:</b> (Required) Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.	16.	<b>Estimated Project Funding:</b> (Required) Enter the amount requested and to be contributed during the funding/budget period for the project. <ul style="list-style-type: none"> <li>• <b>16.a. Total Estimated Funding:</b> Enter the amount of Federal funds requested for the project.</li> <li>• <b>16.b. Total Federal &amp; Non-Federal Funds:</b> Enter the total of the Federal and Non-Federal funds for the project. Value of cost share, including in-kind contributions, should be included, if applicable.</li> <li>• <b>16.c. Estimated Program Income:</b> Enter the estimated Program Income, if applicable.</li> </ul>
11.	<b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project.		
12.	<b>Areas Affected By Project:</b> (Required) List the areas or entities (e.g., cities, counties, states, etc.) affected by the project.		
13.	<b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.	17.	<b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> If announcement indicates that the program is covered by Executive Order 12372, Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 and check appropriate box.
14.	<b>Congressional Districts Of:</b> (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. <ul style="list-style-type: none"> <li>• Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5<sup>th</sup> district, CA-012 for California 12<sup>th</sup> district, NC-103 for North Carolina's 103<sup>rd</sup> district.</li> <li>• If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>• If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>• If the program/project is outside the US, enter 00-000.</li> <li>• Use Item 21 to enter additional areas, if needed.</li> </ul>	18.	<b>Certification:</b> (Required) The Authorized Representative must review and agree to certifications and assurances and the accuracy of the application. The Certifications and Assurances are found at <a href="http://management.energy.gov/documents/CERTSASSUR.doc">http://management.energy.gov/documents/CERTSASSUR.doc</a>
15.	<b>Project Director/Principal Investigator Contact Information:</b> <ul style="list-style-type: none"> <li>• <b>Name:</b> (Required) Enter the Prefix, First Name (required), Middle Name, Last Name (required), and Suffix of the Project Director/Principal Investigator (individual responsible for the overall scientific and technical direction of the project).</li> <li>• <b>Position/Title:</b> Enter the title of the Project Director/Principal Investigator that will undertake the assistance activity.</li> <li>• <b>Organization Name:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable.</li> <li>• <b>Address:</b> (Required) Enter the complete address as follows: Street address (Street 1 required), City (Required), County, State (Required, if country is US), Zip Code (Required, if country is US), and Country.</li> <li>• <b>Phone Number:</b> Enter the telephone number (Required), fax number, and email address (Required).</li> </ul>	19.	<b>Authorized Representative:</b> (Required) To be signed and dated by the authorized representative of the applicant organization. <ul style="list-style-type: none"> <li>• <b>Name:</b> (Required) Enter the Prefix, First Name (required), Middle Name, Last Name (required), and Suffix of the Authorized Representative.</li> <li>• <b>Position/Title:</b> Enter the title of the Authorized Representative.</li> <li>• <b>Organization Name:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable.</li> <li>• <b>Address:</b> Enter the complete address as follows: Street address (Street 1 required), City (Required), County, State (Required, if country is US), Zip Code (Required, if country is US), and Country.</li> <li>• <b>Phone Number:</b> Enter the telephone number (Required), fax number, and email address (Required).</li> <li>• <b>Signature of Authorized Representative:</b> Signature of Authorized Representative must be included.</li> </ul>
		20.	<b>Pre-application:</b> If submitting a Pre-application, provide a summary description of the project in accordance with the announcement.
		21.	<b>Additional List of Project Congressional Districts:</b> If required, enter additional Project Congressional Districts to continue from Block 14.

(04/07)